DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: LIVING TREE ESTATES LLC (0010721)

Address: N1916 GREENVILLE DRIVE, GREENVILLE, WI 54942

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095147 End Date: 06/17/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007176 Served 07/06/2005

Deficiencies Cited Subject Area Compliance

Verified

83.33(3)(a)2 REVIEW OF MEDICATION REGIMEN
83.33(3)(e)5 MEDICAL RECORD DOCUMENTATION

Survey ID: 0093996 End Date: 01/25/2005 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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